

# CTE PROGRAM ASSESSMENT REVIEW (PAR) RUBRIC

District: \_\_\_\_\_

High School: \_\_\_\_\_

Review Date: \_\_\_\_\_

The PAR is to be used to conduct an assessment of the District's CTE Programs. The PAR will assist ADE/CTE staff in identifying areas of strength as well as areas that requires improvement. It is expected that areas that require improvement will result in a program improvement plan, which could be amended to your Basic Grant.

“Sample Evidence” column is not all inclusive and not all items identified are necessary as evidence.

Unit	Criteria	Not Compliant	Partially Compliant	Compliant	Exceeds Compliance	Sample Evidence	Commendations/Recommendations
<b>Federal Programs Unit</b>							
<b>ADMINISTRATION SUPPORT for CTE</b>							
Federal Programs - Basic Grant Spec (BG) and visiting Local Director (LD)	<b>1A. Principal/ Local Director/ Site Administration</b>		1. Limited knowledge of CTE programs and offers minimal support. 2. More work needed to gain support.	1. Course catalog reflects coherent sequence of CTE courses. 2. Principal serves on CTE Advisory Boards and participates in annual program evaluation. 3. CTSO's active on campus. 4. Master schedule is conducive to enrollment in a coherent sequence of CTE courses.	Site Administrator promotes: 1. academic integration 2. collaborative learning 3. national standards for staff professional development 4. involvement from business & industry 5. cooperative education/ internships as capstone experience	<input type="checkbox"/> The school is allocating facility space, equipment and funding for the program start-up <input type="checkbox"/> Master schedule <input type="checkbox"/> FTEs in CTE <input type="checkbox"/> Course Catalog or description book <input type="checkbox"/> Promotional materials <input type="checkbox"/> Website <input type="checkbox"/> Advisory committee/annual program evaluation membership roster <input type="checkbox"/> Block schedule (_____ minutes) <input type="checkbox"/> _____	<input type="checkbox"/> NC <input type="checkbox"/> PC <input type="checkbox"/> C <input type="checkbox"/> EC
Federal Programs - BG Spec and LD	<b>1B. District Administrator (one with most longevity)</b>		1. Limited knowledge of CTE program and offer minimal support. 2. More work needed to gain support.	1. CTE programs showcased on school board agenda and minutes. 2. Participates in the annual evaluation and/or PAR.	District administrators & board take active role in promoting & supporting CTE programs: 1. state of the art facilities 2. computer-aided/ITV provide distance learning 3. provide non-trad curriculum delivery methods (block schedule, ITV, Career Pathways)	<input type="checkbox"/> The district is allocating resources for the program start-up <input type="checkbox"/> Board agenda/minutes <input type="checkbox"/> Annual program evaluation roster <input type="checkbox"/> District admin has CTE background/experience <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> NC <input type="checkbox"/> PC <input type="checkbox"/> C <input type="checkbox"/> EC

## CTE PROGRAM ASSESSMENT REVIEW (PAR) RUBRIC

Unit	Criteria	Not Compliant	Partially Compliant	Compliant	Exceeds Compliance	Sample Evidence	Commendations/Recommendations
<b>Federal Programs Unit</b>							
Federal Programs - BG Spec and LD	1C.  <b>Budget/ Funding Business Manager</b>		1. Budget consists of rough estimates of anticipated expenses/ resources 2. No itemized budget for any program	1. Produce detailed expenditure report that matches all grant guidelines 2. Demonstrates appropriate use of funds 3. Itemized budget for individual CTE program	1. Expenditure report shows consistent M & O support 2. Starts programs with district funds 3. Sustains and improves programs with district funds 4. Eliminates programs that fail to produce measurable outcomes	<input type="checkbox"/> Funds shown as a line item in the schools approved budget <input type="checkbox"/> Budget <input type="checkbox"/> Expenditure Report <input type="checkbox"/> POs/Invoices <input type="checkbox"/> Fixed Asset List <input type="checkbox"/> Stewardship List <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> NC <input type="checkbox"/> PC <input type="checkbox"/> C <input type="checkbox"/> EC
<b>REPORTING</b>							
Federal Programs – BG Spec	1D.  <b>Timely &amp; Accurate Reporting</b>		1.Submitted 50% of reports on time 2. Brief details 3. No measurable outcomes 4. Subjective	1. Reports submitted by due date 2. Includes detail and measurable outcomes 3. Some objective criteria	1. High level of detail 2. Provides documentation to support outcomes 3. Meets targeted completion dates	<input type="checkbox"/> Midyear Narrative <input type="checkbox"/> Final Narrative <input type="checkbox"/> Final Desk Monitoring or PAR	<input type="checkbox"/> NC <input type="checkbox"/> PC <input type="checkbox"/> C <input type="checkbox"/> EC
<b>NOTICE OF NONDISCRIMINATION</b>							
Federal Programs – BG Spec	1E.  <b>Annual Public Notification of Non- discrimination</b>		1. District has a brief notification of nondiscriminati on statement 2. It is not published annually prior to the beginning of school 3. It does not contain all the necessary information	1. District annually provides public notification in media designed to reach the general public at the beginning of each school year stating that the CTE programs are offered without discrimination 2. Includes name and contact information for Section 504 and Title IX Coordinator 3. Notice only in English	1. Annual public notification also includes a listing of CTE program offerings 2. States a lack of English language skills will not be a barrier to admission 3. Notice is available in other languages as needed and in more than one media	<input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Newsletter <input type="checkbox"/> Student/parent handbook <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> NC <input type="checkbox"/> PC <input type="checkbox"/> C <input type="checkbox"/> EC

CTE PROGRAM ASSESSMENT REVIEW (PAR) RUBRIC

Unit	Criteria	Not Compliant	Partially Compliant	Compliant	Exceeds Compliance	Sample Evidence	Commendations/Recommendations
Federal Programs Unit							
NOTICE OF NONDISCRIMINATION							
Federal Programs – BG Spec	1F.  <b>Continuous Notification of Non-discrimination</b>		1. District has a notice of nondiscrimination 2. It does not appear in all publications that go to the district service area	1. District includes a notice of nondiscrimination in at least 90% of the publications including recruitment material	1. All publications (including the website) have the nondiscrimination statement in English and other languages as needed 2. Includes Title IX and Section 504 Coordinators	<input type="checkbox"/> Course description book <input type="checkbox"/> Student and/or parent handbook <input type="checkbox"/> Recruitment materials <input type="checkbox"/> Website <input type="checkbox"/> DVDs/CDs <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> NC <input type="checkbox"/> PC <input type="checkbox"/> C <input type="checkbox"/> EC
SPECIAL POPULATIONS (Disabled/Handicap, Limited English Proficient, Economic Disadvantaged, and Single Parent, Non-Traditional)							
Federal Programs – BG Spec	1G.  <b>Special Population Enrollment (Access)</b>		Special population enrollment in CTE is not equivalent to district's special population enrollment	Special population enrollment in CTE is equivalent to district's special populations enrollment by +/-10%	Each CTE program area reflects special population enrollment whose percentage is equivalent to district enrollment	<input type="checkbox"/> Program enrollment comparisons <input type="checkbox"/> 40 <sup>th</sup> /100th day enrollment <input type="checkbox"/> 9-12 site enrollment <input type="checkbox"/> Desk Monitoring Assurance 2 calculations <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> NC <input type="checkbox"/> PC <input type="checkbox"/> C <input type="checkbox"/> EC

1G. ACCESS CALCULATIONS: This assurance determines the level of **access** for student groups. Calculate the percentages for Special Education (Sp Ed) & Sex:

☐ \*District Special Ed % =  $\frac{\text{District 9-12 Sp Ed Enrolled}}{\text{District 9-12 Enrolled}}$  \_\_\_\_\_ = \_\_\_\_\_

☐ \*District Male % =  $\frac{\text{District 9-12 Male Enrolled}}{\text{District 9-12 Total Enrolled}}$  \_\_\_\_\_ = \_\_\_\_\_

☐ \*District Female % =  $\frac{\text{District 9-12 Female Enrolled}}{\text{District 9-12 Total Enrolled}}$  \_\_\_\_\_ = \_\_\_\_\_

☐ \*\*CTE Special Ed % =  $\frac{\text{CTE 9-12 Sp Ed Enrolled}}{\text{District 9-12 CTE Enrolled}}$  \_\_\_\_\_ = \_\_\_\_\_

☐ \*\*CTE Male % =  $\frac{\text{CTE 9-12 Male Enrolled}}{\text{District 9-12 CTE Enrolled}}$  \_\_\_\_\_ = \_\_\_\_\_

☐ \*\*CTE Female % =  $\frac{\text{CTE 9-12 Female Enrolled}}{\text{District 9-12 CTE Enrolled}}$  \_\_\_\_\_ = \_\_\_\_\_

\*Use the most current (unduplicated) October 1st enrollment figures

\*\*Use the most current VOCI-26 (Master Program enrollment) figures.

CTE PROGRAM ASSESSMENT REVIEW (PAR) RUBRIC

Unit	Criteria	Not Compliant	Partially Compliant	Compliant	Exceeds Compliance	Sample Evidence	Commendations/Recommendations
Federal Programs Unit							
Federal Programs – BG Spec	1H.  Services to Special Populations (Progress)		1. Lack of provisions for members of special population 2. Little or no planning to provide supplemental services 3. Lack of resources for teachers to provide services 4. Intervention fails to meet student needs	1. Defined provisions for members of Special Populations 2. Clear outline of supplemental services 3. Resources available to teachers 4. Intervention meets student needs	1. Support services, strategies and activities enable special populations to meet SALP 2. Integrated team approach to services and resources 3. Intervention mainstreams students for curricular success and supports IEP transition plan	<input type="checkbox"/> Sample IEP <input type="checkbox"/> IEPs Show student success, notes, dates, initials <input type="checkbox"/> Instructional/ classroom aide <input type="checkbox"/> Adaptive devices <input type="checkbox"/> IEP Team Members <input type="checkbox"/> Class Rosters <input type="checkbox"/> Transition Plan <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> NC <input type="checkbox"/> PC <input type="checkbox"/> C <input type="checkbox"/> EC
Federal Programs – BG Spec	1I.  Completion (Success)		Special Population students complete at rates outside 10% of the rate of the district's total non-special population	Special Population students complete at or within 10% of the same rate as non-special population students in the district	Special population students complete at or within +/-5% of the same rate as non- special population students in each CTE program area	<input type="checkbox"/> Concentrator reports <input type="checkbox"/> Program enrollment <input type="checkbox"/> Desk Monitoring Assurance 3 (prior year) <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> NC <input type="checkbox"/> PC <input type="checkbox"/> C <input type="checkbox"/> EC

1I. SUCCESS CALCULATION. This assurance determines the level of **success** for student groups. Calculate non- and special population concentration percentages:

☐ Non Sp Pops Concentrator % = Non Sp Pops Concentrators\* / Career Prep Non Sp Pops Enrolled\*\* = \_\_\_\_\_

☐ Sp Pops Concentrator % = Sp Pops Concentrators\* / Career Prep Sp Pops Enrolled\*\* = \_\_\_\_\_

**NOTE:** If these percentages sum to 100%--e.g., 83% Non Sp Pops Concentrators and 17% Sp Pop Concentrators--the respective student groups are being divided by the total enrolled. This is incorrect and will put programs in a far worse light.

4. Based on the calculated percentages, are Special Population CTE students concentrating at the same rate (+/- 5 percentage points) as Non-Special Population CTE students? Yes ☐ No ☐ If “no”, cite **PIR goals (amend current BG or include in next year’s BG) that include the district plan for improvement.**

\*Use the most current Concentrator report figures.

\*\* Use the most current VOCI-26 Master Program enrollment figures. **NOTE: When added together the two denominators should sum to the ‘Total Program Count’ shown on the VOCI 26.**

## CTE PROGRAM ASSESSMENT REVIEW (PAR) RUBRIC

Federal Programs Unit				
FISCAL ASSURANCES		Yes = Compliant. No = Not Compliant.		Commendations/Recommendations
Federal Programs – BG Spec	1J.  <b>Audits</b>	What is the date of the most recent audit of the districts CTE funds (state or federal)? NOTE: Explain to the LEA this is the annual district audit conducted by an independent CPA firm.	Date of Audit: Audit Firm: Lead Auditor: CTE Audit Exceptions:	<input type="checkbox"/> NC <input type="checkbox"/> C
Federal Programs – BG Spec	1K.  <b>Conflict of Interest</b>	Were any items purchased with Perkins or state funds from a vendor that employs a district employer or relative of a district employee? (if Yes, explain)	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> NC <input type="checkbox"/> C
		Were any items purchased with Perkins or state funds from a vendor in which a district employee has a financial investment? (If Yes, explain)	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> NC <input type="checkbox"/> C
Federal Programs – BG Spec	1L.  <b>Fixed Assets List/ Inventory</b>	Does district have an established process for the:		<input type="checkbox"/> NC <input type="checkbox"/> C
		purchase,	YES <input type="checkbox"/> NO <input type="checkbox"/>	
		identification, and	YES <input type="checkbox"/> NO <input type="checkbox"/>	
		Inventorying of capital/equipment purchased with Perkins funds? (If No/unchecked, explain)	YES <input type="checkbox"/> NO <input type="checkbox"/>	
		Based upon an approved project capital expenditure page, does equipment with a unit cost of \$5,000 or more, purchased with Perkins funds, appear on the district's fixed assets listing? Note: If the district guidelines stipulate an amount less than \$5,000, the fixed asset listing should reflect the district guideline.	YES <input type="checkbox"/> NO <input type="checkbox"/>	
		(If No/unchecked, provide a corrective action plan to address deficiency)		
		Does the Fixed Assets listing provide the:		
		Location (school, department, building, etc.)	YES <input type="checkbox"/> NO <input type="checkbox"/>	
		identification number (tag number, serial number, or other number that specifically identifies the item)	YES <input type="checkbox"/> NO <input type="checkbox"/>	
		Description (model number, size, color, etc)	YES <input type="checkbox"/> NO <input type="checkbox"/>	
		Method of acquisition (purchase, donation, construction, trade, or lease-purchase)	YES <input type="checkbox"/> NO <input type="checkbox"/>	
		Source of funding	YES <input type="checkbox"/> NO <input type="checkbox"/>	
		Acquisition date (month and year of acquisition)	YES <input type="checkbox"/> NO <input type="checkbox"/>	
		Purchase document number (P.O. number, voucher number, or other document number that can be used to trace to the supporting documentation)	YES <input type="checkbox"/> NO <input type="checkbox"/>	
		Actual or estimated historical cost	YES <input type="checkbox"/> NO <input type="checkbox"/>	
		Condition of asset (for asset with unit costs of \$5,000 or more purchased with federal monies)	YES <input type="checkbox"/> NO <input type="checkbox"/>	
		Percentage of federal participation (for assets with unit costs of \$5,000 or more purchased with federal monies)	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> NC <input type="checkbox"/> C

## CTE PROGRAM ASSESSMENT REVIEW (PAR) RUBRIC

Federal Programs Unit					
FISCAL ASSURANCES		Yes = Compliant. No = Not Compliant.			Commendations/Recommendations
Federal Programs – BG Spec	1M.  <b>Stewardship List</b>	Does the District maintain a stewardship list for items costing at least \$1,000 but less than \$5,000? (or the District's capitalization threshold if less than \$5,000) (If No, explain)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/> NC <input type="checkbox"/> C
		Does the:			
		stewardship list include the description,	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
		identification number (tag number, serial number, or other number that specifically identifies the item),	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
		physical location, and	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
		the month and year (mm/yyyy) of acquisition?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Federal Programs – BG Spec	1N.  <b>Supplanting</b>	Did this Basic Grant application request funds for vocational expenditures which were previously paid for by non-federal funds? (If Yes, explain)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/> NC <input type="checkbox"/> C
		Did this Basic Grant application request funds to purchase textbooks? If yes, are these textbooks required for the course/program?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
		Did this Basic Grant application request additional funding for personnel costs over and above the previous year's grant? (If Yes, explain)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Federal Programs – BG Spec	1O.  <b>Time &amp; Effort</b> <b>[OMB CIRCULAR NO. A-87 Revised 05/10/04]</b>  <i>(Standards regarding time distribution are in addition to the standards for payroll documentation)</i>	Are Perkins funds being used to pay salaries/stipends of staff working less than 100% of their time on CTE activities? (If Yes, explain) <b>If no, the remaining items do not apply</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/> NC <input type="checkbox"/> C
		If yes, does the employee's position description (PD) detail their CTE responsibility? (If No/unchecked, provide a corrective action plan to address deficiency)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
		Does the employer's PD state the percentage of time they will work on CTE activities? (If No/unchecked, provide a corrective action plan to address deficiency)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
		Where employees work on multiple activities or cost objectives, a distribution of their salaries or wages should be supported by personnel activity reports or equivalent documentation. OMB CIRCULAR NO. A-87, Attachment B, Item 8 (Compensation for personal services). Does the district have a formal time and effort reporting system in place? (If No, explain)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
		Does the district time and effort reporting system meet the following standards:			
		Reflect an after the fact distribution of the actual activity of each employee?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
		Account for the total activity for which each employee is compensated?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
		Are the reports prepared at least monthly and coincide with one or more pay periods?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
		Are the time and effort reports signed by the employee?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
		(If No/unchecked, provide a corrective action plan to address deficiency)			
		Budget estimates or other distribution percentages:			
		Reflect a reasonable approximations of the CTE activity actually performed;	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
		Does the LEA conduct quarterly (or more frequent) comparisons of actual costs to budgeted distributions based on the monthly activity reports? (Note: costs charged to Federal awards to reflect adjustments made as a result of the activity actually performed may be recorded annually if the quarterly comparisons show the differences between budgeted and actual costs are less than 10 %.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
The budget estimates or other distribution percentages are revised at least quarterly, if necessary, to reflect changed circumstances.	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

CTE PROGRAM ASSESSMENT REVIEW (PAR) RUBRIC

<b>Federal Programs Unit</b>
<b>FISCAL ASSURANCES</b>
Evidence for fiscal assurances: <input type="checkbox"/> Basic Grant application (current and last 2 years) <input type="checkbox"/> Completion reports for above (current and last 2 years) <input type="checkbox"/> Purchase orders (POs) <input type="checkbox"/> Invoices <input type="checkbox"/> Inventory lists by program <input type="checkbox"/> Stewardship lists <input type="checkbox"/> Fixed asset inventory lists <input type="checkbox"/> Time and effort logs <input type="checkbox"/> Job descriptions <input type="checkbox"/> Stipend (Addendum for off contract compensation) <input type="checkbox"/> General ledger pages <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Federal Programs Unit PAR Comments: